

RECEIVED
CENTRAL FAX CENTER

SEP 10 2004

RECEIVED
CENTRAL FAX CENTER

SEP 10 2004

BEST AVAILABLE COPY

**ALLEN, DYER, DOPPELT
MILBRATH & GILCHRIST, P.A.**

ATTORNEYS AT LAW

1901 South Harbor City Boulevard, Suite 507
Melbourne, FL 32901-4770
Telephone (321) 725-4760
Telefax (321) 984-7078**Telecopy Cover Sheet**TO: U.S. PATENT & TRADEMARK OFFICE

TELEPHONE: _____

FAX: 703-872-9306FROM: CHARLES E. WANDS, ESQ.DATE: September 9, 2004NUMBER OF PAGES (INCLUDING COVER SHEET): 27

COMMENTS/INSTRUCTIONS:

RESEND: Previously sent without date

**ATTACHED ARE CHANGE OF CORRESPONDENCE ADDRESSES FOR THE
FOLLOWING SERIAL NUMBERS:**

10/271,398	10/367,501	10/330,462	10/777,556
10/405,578	10/639,422	10/797,869	10/231,592
09/939,413	10/367,322	09/816,319	09/833,238
09/745,033	09/833,242	09/833,138	10/215,965
09/883,163	09/651,140	10/910,716	10/331,048
10/165,676	10/118,761	10/056,394	10/059,745
10/339,057	09/896,695		

NOTE: The information in this facsimile transmission is intended only for the personal and confidential use of the designated recipient(s) named above. This message may be an attorney-client communication and as such is privileged.

If the reader of this message is not the intended recipient named above, you are notified that you have received this document in error, and any review, dissemination, distribution or copying of this message is strictly prohibited.

If you have received this document in error, please notify this office immediately via telephone, and return the original message to the above address by mail. Thank you.


**IF YOU DO NOT RECEIVE ALL OF THE PAGES OR ENCOUNTER DIFFICULTIES IN
TRANSMISSION, PLEASE CONTACT THE RECEPTIONIST IMMEDIATELY AT (321)
725-4760.**

TO: US PTO

RECEIVED NO. 924 P. 15/27
CENTRAL FAX CENTER Page 1 of 1

SEP 10 2004

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
 PTO/SB/123 (06-03)
 Approved for use through 11/30/2005. OMB 0651-0035
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Application Number		09/833,242	
		Filing Date		4/10/01	
		First Named Inventor		Dair	
		Group Art Unit		2874	
		Examiner Name			
		Attorney Docket Number		78343CIP1CIP6 29-27 US CIP	
Please change the Correspondence Address for the above-identified patent to: <input checked="" type="checkbox"/> Customer Number: <u>27975</u> OR					
Firm or Individual Name Address Address City State ZIP Country Telephone Fax					
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47). I am the: <input type="checkbox"/> Patentee. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98). <input checked="" type="checkbox"/> Attorney or agent of record. Registration Number <u>25,649</u>					
Typed or Printed Name		Charles E. Wanda, Esq.			
Signature					
Date		SEP 09 2004		Telephone 321-725-4760	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					

☒ Total of 14/20 forms are submitted.

☒ This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

☐ **BLACK BORDERS**

☒ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**

☒ **FADED TEXT OR DRAWING**

☒ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**

☒ **SKEWED/SLANTED IMAGES**

☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**

☐ **GRAY SCALE DOCUMENTS**

☒ **LINES OR MARKS ON ORIGINAL DOCUMENT**

☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**

☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.